S
368.420
P30hc
2002

NTANA HEALTH CHOICES

JOHN REDDY

HANDBOOK for CLIENTS

DOCUMENTS COLLECTION
DEC 17 2002
MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620
MONTANA STATE LIBRARY

MONTANA HEALTH CHOICES

MONTANA STATE LIBRARY
3 0864 1001 6874 2

November 2001

Welcome to Montana Health Choices

Montana Health Choices is a service for Medicaid clients who get their health insurance through a state program called PASSPORT TO HEALTH.

Montana Health Choices has a toll-free HelpLine to answer questions and explain Medicaid programs.

To reach the HelpLine, call
1-800-362-8312.
All calls are free and confidential.

MONTANA HEALTH CHOICES
Handbook for Clients

Medicaid 1

What Is Medicaid ⚭ List of Medicaid-covered Services ⚭ FULL Medicaid ⚭ BASIC Medicaid ⚭ FAIM ⚭ Out-of-State Services ⚭ Copayments ⚭ Medicaid Card

Mental Health Services 11

Where to Get Services ⚭ Copayments

Emergency Services 12

When to Go to the Emergency Room ⚭ Out-of-State Emergencies

The Well Child Program 13

What Is a Well Child Visit ⚭ Dental Care ⚭ When to Schedule Visits ⚭ Help with Transportation

For Pregnant Women 16

Pregnant Women and PASSPORT ⚭ Caring for Yourself and Your Baby ⚭ No Copayments for Pregnant Women

PASSPORT TO HEALTH 17

What Is PASSPORT ⚭ Medicaid Benefits in PASSPORT ⚭ PASSPORT Primary Care Provider ⚭ Referrals to Other Providers ⚭ Emergencies ⚭ Copayments ⚭ Problems ⚭ Changing Providers ⚭ Indian Health Services

MONTANA HEALTH CHOICES
Handbook for Clients

Choosing a Primary Care Provider 21

How to Choose a Provider ⚞ Changing Primary Care Providers

Exemptions from PASSPORT 23

Clients Who Are not Eligible 23

Complaints and Grievances 24

What Is a Complaint ⚞ What Is a Grievance ⚞ Complaints about Providers ⚞ Fair Hearings ⚞ The Office for Civil Rights

Special Problems 26

Payment Denied ⚞ Provider Charging Twice ⚞ Getting a Bill

Medicaid Clients' Rights 28

Medicaid Clients' Responsibilities 29

Important Phone Numbers 30

About this Handbook

This handbook is about Montana's Medicaid services and the programs within Medicaid.

Please read it carefully and keep it to read again when you have questions.

- Before you go to the doctor or clinic, it is important to know if Medicaid covers the service you need. The chart on pages 2 through 5 lists what services are covered. You can also call the toll-free HelpLine to ask, at 1-800-362-8312, Monday through Friday, 8 a.m. to 5 p.m.
- You can reach your primary care provider 24 hours a day, seven days a week. The number is on your Medicaid card next to the provider's name.
- If you have trouble speaking or are hearing impaired, call the State Relay System for help, at 1-800-253-4093. You may call any time — 24 hours a day, seven days a week. The call is free and confidential.
- If you need help with transportation, call the Medicaid Transportation Center at 1-800-292-7114 (in Helena call 443-6100), Monday through Friday, 8 a.m. to 5 p.m.
- For more information, call 1-800-362-8312. The call is free and confidential.

MEDICAID

What is Medicaid?

Medicaid is a government health insurance program that helps pay for medical care.

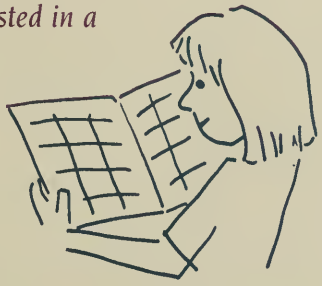
How can you get Medicaid?

You must meet Medicaid's income limits *and* you must be in a group of people covered by Medicaid. Some groups covered by Medicaid are: pregnant women, children, and people with disabilities.

Does Medicaid cover all medical services?

No. The following is a list of services covered by Medicaid. **If a service is not on this list, it is not covered by Medicaid.**

This list gives a general description of Medicaid-covered services. If you are interested in a particular service, call the HelpLine at 1-800-362-8312 to ask if it is covered, or ask your primary care provider.



Do I lose Medicaid benefits if my financial assistance ends?

You will not necessarily lose Medicaid benefits if your financial assistance ends. Your local Office of Public Assistance can give you information about Transitional Medicaid benefits that may provide medical coverage for your family. There are a variety of Medicaid programs available for you and your children, so it is very important to ask your local Office of Public Assistance about coverage options. This is important because the Montana Department of Health and Human Services and Montana Health Choices is concerned that you stay healthy and get the health care you need.

Services Covered by FULL Medicaid	Is this service covered by BASIC Medicaid?	Do you need prior approval from your primary care provider before getting the service?	Is there a copayment for this service?*
Ambulance	Yes	No	No
County Public Health Clinic Services	Yes	Yes, except family planning, pregnancy care, shots, or mental health services	$1 per service
Dental, routine care (Some services require prior approval or have limits. Ask your dentist.)	No, except in some emergencies	No, with some exceptions	$2 per service
Dialysis	Yes	No	$1 or $2 per service (usually)
Drugs, prescription (There are some limits. Ask your pharmacist.)	Yes	No, with some exceptions.	$2 for a brand name / $1 for generic drugs
Durable Medical Equipment	No, with some exceptions	No	.50 per item
Emergency Room (See page 12 for more information about emergency care.)	Yes	Yes, for services that are not emergencies	No, for emergency services
Eye exams	No, with some exceptions	No	$2 per service

Pregnant women and children under 21 do not make copayments.

Services Covered by FULL Medicaid	Is this service covered by BASIC Medicaid?	Do you need prior approval from your primary care provider before getting the service?	Is there a copayment for this service?*
Eyeglasses (One pair every 24 months for age 21 and older. One pair every 12 months for age 20 and under.)	No	No	$1 per service
Family Planning	Yes	No	No
Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) Services	Yes	Yes, except for family planning, pregnancy care, shots, or mental health services	$2 per service
Hearing Aids	No	No	$1 per service
Hearing Exam	No	No	$1 per service
Home and Community Based Waiver	Yes	No	No
Home Health Care	Yes	Yes	$2 per service; .50 per item for supplies & equipment
Home Care Personal Care Attendant Services	No	No	No
Home Infusion Therapy	No	No	.50 per service

Pregnant women and children under 21 do not make copayments.

Services Covered by FULL Medicaid	Is this service covered by BASIC Medicaid?	Do you need prior approval from your primary care provider before getting the service?	Is there a copayment for this service?*
Hospice	Yes	No	No
Hospital-Inpatient	Yes	Yes, except for child-birth and psychiatric admissions	$100 per stay
Hospital-Outpatient	Yes	Yes	$1 per service
Hospital-nursing home care beds	Yes	No	No
Mental Health Services	Yes	No	Yes, some services
Outpatient Surgery	Yes	Yes	$1 per visit
Physician Services	Yes	Yes, except family planning, pregnancy-related services, mental health services, shots, vision, dental and certain other services	$2 per service
Podiatry	Yes	No	$2 per service
Targeted Case Management	Yes	Yes Except for Mental Health	No

**Pregnant women and children under 21 do not make copayments.*

Services Covered by FULL Medicaid	Is this service covered by BASIC Medicaid?	Do you need prior approval from your primary care provider before getting the service?	Is there a copayment for this service?*
Therapy-Occupational/ Physical/Speech	Yes	Yes	.50 per service
Transplants (Age 20 years and under are covered for all medically necessary, non-experimental transplants. Age 21 and older are limited to kidney, cornea, and bone marrow transplants for certain conditions.)	Yes	Yes	No, except for age 21 and older, where the copayment is $100 per hospitalization
Transportation, non-emergency (Travel is covered only to get necessary Medicaid-covered services from the nearest provider and is limited to the least costly but appropriate means of transportation.)	Yes	No	$1 per trip for vehicles specially equipped to transport physically disabled people

**Pregnant women and children under 21 do not make copayments.*

Which Medicaid services can you get without prior approval from your primary care provider?

If you are on FULL Medicaid, you can get these services (which may be limited) without asking your primary care provider for approval:

- ambulance (for emergencies only)
- dental
- dialysis
- durable medical equipment
- emergency room (*see Emergency Services, page 12*)
- eye exams
- eyeglasses
- family planning
- hearing aids
- hearing exams
- Home and Community Based Waiver
- home care / personal care attendant services
- home infusion therapy
- hospice
- hospital-nursing home care beds
- immunizations
- mental health services
- podiatry
- pregnancy-related services
- prescription drugs
- targeted case management
- transportation

If you are on BASIC Medicaid, you can get these services (which may be limited) without asking your primary care provider for approval:

- ambulance (for emergencies only)
- some emergency dental care
- dialysis
- emergency room (*see Emergency Services, page 12*)
- family planning
- Home and Community Based Waiver
- hospice
- hospital-nursing home care beds
- immunizations
- mental health services
- podiatry
- pregnancy-related services
- prescription drugs
- targeted case management
- transportation

In some cases, durable medical equipment and eye exams do not require approval.

Do all clients get the same Medicaid benefits?

No. Some clients may be eligible for FULL Medicaid, and some clients may be eligible for BASIC Medicaid.

FULL Medicaid means that the state pays for all health services covered under Medicaid. See the list of Medicaid-covered services beginning on page 2.

BASIC Medicaid means that some services are *not* paid for, except in emergencies or where a job requires the services.

Services that are *not* covered under BASIC Medicaid are:

- dental services (except some emergencies);
- durable medical equipment and supplies (except supplies for diabetics, oxygen, some prosthetics, ostomy and incontinence supplies);
- eye exams and eyeglasses;
- hearing exams and hearing aids; and
- personal care services.

Who may be eligible for FULL Medicaid?

The following individuals may be eligible for FULL Medicaid:

1. pregnant women;
2. children under the age of 21; and
3. adults who are blind, aged, or disabled and anyone receiving Supplemental Security Insurance (SSI).

Who may be eligible for BASIC Medicaid?

The following may be eligible for BASIC Medicaid: adults in FAIM (Families Achieving Independence in Montana) who are preparing to go back to work, and who need health insurance and other services, such as food stamps. (Adults who are eligible for FULL Medicaid are *not* in FAIM.)

What is FAIM?

FAIM is a program for families in which an adult is preparing to go back to work, who need health insurance and other services. Adults in FAIM are eligible for BASIC Medicaid services.

What about out-of-state services?

You must go to a provider who accepts *Montana* Medicaid payments. Unless the situation is an emergency, you must also have your PASSPORT primary care provider's approval *before* seeking care.

If an out-of-state provider does not accept Montana Medicaid, or if you get a service not covered by Medicaid, *you will have to pay for the service*. See page 2 for the list of Medicaid-covered services.

Are there copayments for Medicaid services?

There are copayments for some services in regular Medicaid and in PASSPORT TO HEALTH.

Pregnant women do not make copayments for any Medicaid-covered service, even if the service has nothing to do with the pregnancy.

There are no copayments for Medicaid services for children through age 20.

Are there limits on copayments for Medicaid clients?

Yes. The *most* a client might pay in one year is $200. When a client has paid $200 in copayments, a dollar sign ($) will appear on his or her Medicaid card next to their name. This dollar sign tells providers not to charge the client any more copayments.

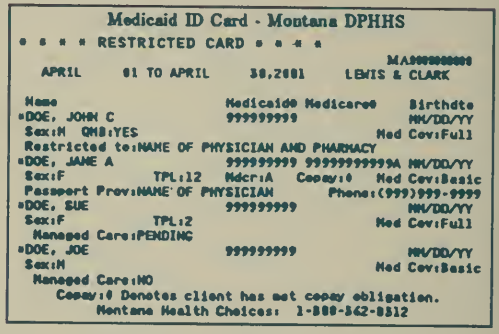
About Your Medicaid Card

If you are eligible for Medicaid, you will receive a yellow Medicaid card in the mail at the beginning of each month.

Your Medicaid card states:

- the dates for which it is valid,
- your name,
- your Medicaid number,
- the name of your PASSPORT primary care provider,
- other insurance (if applicable), and
- other information about your Medicaid status.

Your card will look like this


Medicaid ID Card - Montana DPHHS
* * * * RESTRICTED CARD * * * *
MA9999999999
APRIL 01 TO APRIL 30,2001 LEWIS & CLARK
Name Medicaid# Medicare# Birthdte
•DOE, JOHN C 999999999 MM/DD/YY
Sex:M QMB:YES Med Cov:Full
Restricted to:NAME OF PHYSICIAN AND PHARMACY
•DOE, JANE A 999999999 999999999A MM/DD/YY
Sex:F TPL:12 Mdcr:A Copay:0 Med Cov:Basic
Passport Prov:NAME OF PHYSICIAN Phone:(999)999-9999
•DOE, SUE 999999999 MM/DD/YY
Sex:F TPL:2 Med Cov:Full
Managed Care:PENDING
•DOE, JOE 999999999 MM/DD/YY
Sex:M Med Cov:Basic
Managed Care:HO
Copay:0 Denotes client has met copay obligation.
Montana Health Choices: 1-888-342-8312

If the information on your card is not correct, tell your eligibility worker or FAIM coordinator.

- Take your Medicaid card with you when you go for health services, *or you may have to pay the bill!*
- You must have your Medicaid card before you can start getting health services from your PASSPORT primary care provider.
- Use the same Medicaid card for everyone listed on the card.

Mental Health Services

Where can you get mental health services?

You may go to any therapist or other mental health service provider *who takes Medicaid*. You do not have to ask your PASSPORT provider for a referral to a mental health provider.

Are there copayments for mental health services?

Yes. Some mental health services require a copayment from the client. Copayments are *not* charged if you are under 21, pregnant, a nursing home resident, or if you require emergency services.

- Ask the mental health provider you want to use if he or she accepts Medicaid.
- Use your Medicaid card for mental health services.
- Some mental health services need prior approval. Your mental health provider knows which services need prior approval and how to request approval.
- Pregnant women do not make copayments for any Medicaid-covered service, including mental health services.
- For more information about mental health services, call the HelpLine at 1-800-362-8312, Monday through Friday, 8 a.m. to 5 p.m.

Emergency Services

When should you go to the emergency room?

Go to the emergency room when you have an emergency. *Do not go to the emergency room for routine care.*

An emergency means the symptoms of the medical condition seem so severe that a prudent layperson (a person with average knowledge of health and medicine) would expect that there might be danger to the health of the individual unless the symptoms were treated immediately.

What if you have a medical emergency while traveling out of state?

Out-of-state emergency services are not covered by Medicaid unless the hospital is enrolled or is willing to enroll with Montana Medicaid.

Remember:

- *If you are not sure you should go to the emergency room, call your primary care provider to ask.* If it is after office hours, call the 24 hour number that is on your Medicaid card next to the provider's name.
- *If you go to the emergency room for any service that is not an emergency, you will have to pay the bill.*

The Well Child Program

What is the well child program?

The well child program is a preventive health care program for children through age 20 who are Medicaid clients.

Children and teens who have regular health checks when they are growing up, even when they are not sick, have a better chance of becoming healthy adults. If problems are found, they can be treated right away.

What is included in a well child checkup?

A well child checkup includes:

- a head-to-toe physical exam
- an eye exam
- a hearing check
- a check to make sure the child is eating healthy foods
- a growth and development check
- laboratory tests, including blood and urine tests
- immunizations (shots)

If a child or teenager is seen regularly during childhood, the doctor can catch little problems before they turn into big ones!

What about dental care?

Medicaid covers dental care for children and young adults through age 20. Children and young adults may go to any dentist who takes Medicaid. They may see a dentist every six months for a checkup.

What happens if a health problem is found during a well child visit?

If any problems are found during a checkup, your child will be sent to the right health care provider for further exams and possible treatment.

When should children have well child visits?

It is important for children to have well child visits at regular times throughout their growing up years. Teenagers and young adults need well child visits too.

To begin a schedule of well child visits, make an appointment with your PASSPORT provider for your child or teenager as soon as you get a Medicaid card. Then, read the following schedule and take your child to the health care provider at the suggested ages.

before 1 month old	3 years
at 2 months	4 years
4 months	6 years
6 months	8 years
9 months	10 years
12 months	12 years
15 months	14 years
18 months	16 years
24 months	18 years

Regular health care for children helps them to become healthy adults. Well child visits for older children include advice and information about problems caused by alcohol, tobacco, and other drugs, as well as information about avoiding early pregnancy and sexually transmitted diseases, such as HIV/AIDS.

There is no charge for well child visits or shots.

Can you get help with transportation to medical appointments?

Yes. You can get help such as bus or taxi fare, a wheel chair van, or money to help with gas, food, and lodging (if medical services away from home are required).

Help is provided only to get *necessary* Medicaid-covered services from the nearest provider. You will be helped with the least costly, but appropriate, means of transportation.

To get help, you must call the Medicaid Transportation Center at 1-800-292-7114, Monday through Friday, 8 a.m. to 5 p.m. *before travel, or you will be responsible for the bill.*

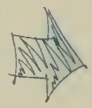
For Pregnant Women

If you are pregnant you may get *obstetrical* (pregnancy) care from any provider who accepts Medicaid without asking your PASSPORT provider.

All health care *not* related to your pregnancy will be provided by your PASSPORT provider.

Caring for yourself and your baby during pregnancy is very important. You need to be strong and healthy while your baby is growing inside you. If you think you are pregnant:

- get medical care as soon as possible,
- DO NOT use alcohol or drugs,
- DO NOT smoke,
- get plenty of rest,
- eat healthy foods, and
- follow your doctor's orders.



If you are pregnant, your Medicaid card should say "FULL" under your name. If your card does not say "FULL," call the MONTANA HEALTH CHOICES *HelpLine at 1-800-362-8312, Monday through Friday, 8 a.m. to 5 p.m.*

Pregnant women do not make copayments for any Medicaid-covered service, even if the service has nothing to do with the pregnancy. If your doctor or pharmacy asks for a copayment, remind them about this.

PASSPORT TO HEALTH

What is PASSPORT TO HEALTH?

PASSPORT TO HEALTH is a program Medicaid clients use to get their health care.

In PASSPORT TO HEALTH you choose a primary care provider to care for most of your health care needs.

Most Medicaid clients are in PASSPORT TO HEALTH.

What Medicaid benefits are covered in PASSPORT TO HEALTH?

In PASSPORT TO HEALTH you get *exactly the same* Medicaid benefits that are covered in regular Medicaid.

What is a PASSPORT primary care provider?

A PASSPORT primary care provider is a doctor, nurse practitioner, physician assistant or clinic that will help you coordinate your medical care.

Your PASSPORT primary care provider takes care of your routine medical needs, such as regular checkups, and keeps all your medical records up to date and in one place.

For information about how to choose a primary care provider, see page 21.

Must every member of the family have the same PASSPORT provider?

No. Each person in the family may choose a different PASSPORT provider. For example, parents may choose a pediatrician for their child and an internist for themselves, or they may want a family doctor to be the primary care provider for the whole family.

What if you need to see another doctor or provider?

Your primary care provider will refer you to other doctors or to a hospital for special health services if that seems necessary. If you go to another provider without a referral from your primary care provider, *you will have to pay the bill.*

What if you have an emergency?

Go to the emergency room when the symptoms seem severe and you think there may be danger to the person's health if treatment is not immediate. *Do not use the emergency room for routine care.*

Call your primary care provider if you do not know whether or not to go to the emergency room.

See page 12 for more information on Emergency Services.

Are there copayments for services in PASSPORT TO HEALTH?

Yes. The *most* a client might pay in one year is $200. When a client has paid $200 in copayments, a dollar sign ($) will appear on his or her Medicaid card next to their name. This dollar sign tells providers not to charge the client any more copayments.

Copayments are usually under $2 per outpatient service and $100 per hospital admission.

Do *all* PASSPORT clients make copayments?

No. The following clients do not make copayments for services:

- children under the age of 21,
- pregnant women, and
- clients who get emergency services.

Pregnant women do not make copayments for any Medicaid-covered service, even if the service has nothing to do with the pregnancy.

What happens if there is a problem with a PASSPORT provider?

If you have a problem, talk to the provider. Often that will help.

You can also call the HelpLine at 1-800-362-8312, Monday through Friday, 8 a.m. to 5 p.m.

See page 24 for more information about Complaints and Grievances.

Can you change PASSPORT providers?

Yes. You can change your PASSPORT provider any time during the first 90 days after you join. When you choose a provider who meets your needs, you must stay with that provider for three months.

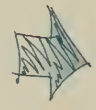
A change will not be effective until you receive a Medicaid card with your new provider's name on it.

You can also change providers any time if you have "cause," (a special reason). If you have a question about "cause," call the MONTANA HEALTH CHOICES HelpLine at 1-800-362-8312.

If you go to Indian Health Services (IHS) do you need to choose a primary care provider?

Yes. Most Native Americans who get Medicaid are in PASSPORT TO HEALTH. You can choose IHS as your primary care provider if the IHS you go to is enrolled in PASSPORT. Or, you can choose another PASSPORT provider, who is not with IHS, as your primary care provider.

If you choose a PASSPORT provider who is not with IHS, you can still go to IHS for services. But you must be sure to get approval from your PASSPORT provider before going to anyone referred by IHS. If you do not get approval, *you will have to pay the bill.*



If you are in PASSPORT TO HEALTH *and you do not choose a primary care provider, one will be chosen for you. Make sure the choice is yours.*

Choosing a Primary Care Provider

It is important to choose the primary care provider that is best for you and your children.

Ask the doctor you see now, or the clinic you go to now, if they work with PASSPORT TO HEALTH. Ask the doctors your children go to also.

Choose a doctor or clinic for each person in the family. You can choose the same doctor for everyone, or a different provider for each person.

To *choose a provider, call the* HelpLine *at* 1-800-362-8312.

If you do not choose a primary care provider, one will be chosen for you! Make sure the choice is yours.

Is it possible to change primary care providers?

Yes. You can change your PASSPORT provider any time during the first 90 days after you join. When you choose a provider who meets your needs, you must stay with that provider for three months.

You can also change providers any time if you have "cause," (a special reason). If you have a question about "cause," call the MONTANA HEALTH CHOICES HelpLine at 1-800-362-8312, Monday through Friday, 8 a.m. to 5 p.m.

- *Remember*: if you do not choose a PASSPORT provider, one will be chosen for you! Make sure the choice is yours.
- You can call your primary care provider 24 hours a day, seven days a week. The number is on your Medicaid card next to the provider's name.

Exemptions to PASSPORT

An exemption means that joining PASSPORT TO HEALTH is not required.

Most people on Medicaid must join PASSPORT. Sometimes joining PASSPORT could create a medical hardship. When that is the case, an exemption may be possible.

If you think you may be eligible for an exemption, call the HelpLine at 1-800-362-8312.

Clients Who Are not Eligible for PASSPORT

Some Medicaid clients may not join PASSPORT. They are:

1. those who are eligible for Medicaid *only after* they pay some of their medical expenses each month;
2. those who live in a nursing home or a similar facility;
3. those who have both Medicare and Medicaid;
4. those who are on the Medicaid Restricted Card program; and
5. those who are temporarily eligible for Medicaid.

Complaints and Grievances

What is a complaint?

If you feel that something wrong or not appropriate has taken place, tell the Montana Health Choices HelpLine. This is a complaint, and the HelpLine will help resolve it.

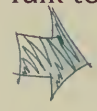
What is a grievance?

A grievance is a *written* complaint to the HelpLine. After you make a grievance, the HelpLine will help resolve it.

You can send a grievance to Montana Health Choices, PO Box 254, Helena, Montana 59624.

What if you have a complaint about your primary care provider?

Talk to your provider; often that will help.



Call the HelpLine at 1-800-362-8312.

- You can change PASSPORT providers every 90 days. However, the change will not be effective until you receive a Medicaid card with your new provider's name on it.
- You can also change providers any time if you have "cause," (a special reason). If you have a question about "cause," call the Montana Health Choices HelpLine at 1-800-362-8312.
- If your complaint or grievance is about being denied a service and is not resolved after calling the HelpLine, you may ask for a fair hearing.

What is a fair hearing?

A fair hearing is a meeting between you and a fair hearing officer and someone from PASSPORT. At a fair hearing, you have a chance to explain your problem.

To ask for a fair hearing, write your complaint and send it to:

Department of Public Health and Human Services
Office of Fair Hearings
PO Box 202953
Helena, MT 59620

For more information about fair hearings, call the HelpLine at 1-800-362-8312.

Calling the Office for Civil Rights

If you think you have been discriminated against because of race, color, national origin, age or disability, call or write the Office for Civil Rights. You can call 303-844-2024 (TDD: 303-844-3439), Monday through Friday, 8 a.m. to 4:30 p.m., or you can write a letter about your complaint to:

Office for Civil Rights
U.S. Dept. of Public Health and Human Services
Federal Office Building
1961 Stout Street, Room 1426
Denver, CO 80294-3538

You can also call the State Coordinator for the Office for Civil Rights at 406-444-3426 or the State Coordinator for Americans with Disabilities Act at 406-444-4211.

Special Problems

What can you do if Medicaid has denied payment for a health service?

You have the right to appeal the decision within 90 days. To appeal, write a letter about the denial and send it to:

Department of Public Health and Human Services (DPHHS)
Office of Fair Hearings
PO Box 202953
Helena, MT 59620

What if you think that a provider is charging both you and Medicaid for the same service?

If you think that a provider is charging both you and the Medicaid program for the same service, if you think charges are being made to Medicaid for services you did not get, or if you know of anyone abusing Medicaid, please call:

Citizen's Advocate Office: 1-800-332-2272, or

Medicaid Fraud: 1-800-376-1115

or write:

DPHHS Office of Fair Hearings
PO Box 202953
Helena, MT 59620

For more information about making a complaint, call 1-800-362-8312. You can call the Office for Civil Rights anytime you think you have been discriminated against.

What should you do if you receive a bill from your provider?

Call your provider and ask about the bill. You will need to pay the bill if it includes:

- a copayment, or a total of copayments,
- a service that is not covered by Medicaid, or
- a private pay arrangement between you and your provider.

If you get a bill that you do not understand, call MONTANA HEALTH CHOICES *at* 1-800-362-8312.

Your Rights as a Medicaid Client

- You can expect the same quality of medical care available to the general public.
- You can choose your own primary care provider.
- You can expect to be treated politely and with respect by health care providers and their staff.
- You can expect your medical records and all conversations with your doctor to be kept confidential.
- You can make a complaint and receive an answer.

Your Responsibilities as a Medicaid Client

- Choose your primary care provider. If you do not choose, one will be chosen for you.
- Check your Medicaid card each month to make sure the information on it is correct. If the information is not correct, call the HelpLine at 1-800-362-8312, Monday through Friday, 8 a.m. to 5 p.m.
- Talk to your provider before you see another doctor. If you do not, *you may have to pay a bill*!
- Take your Medicaid card with you when you get services. If you do not take your card, you may not be able to see the doctor!
- Call ahead for appointments, and be on time.
- If you cannot go to your medical or dental appointment, call your provider *before* the appointment so he or she can schedule someone else in your place.
- Do not use the emergency room for routine care.
- Treat health care providers and staff with respect.

Important Phone Numbers

Montana Health Choices 1-800-362-8312

Call the HelpLine if you have questions about your Medicaid health services. Monday through Friday, 8 a.m. to 5 p.m.

State Relay System 1-800-253-4093

Call if you have trouble speaking or are hearing impaired. Call 24 hours a day, seven days a week.

Medicaid Transportation Center
1-800-292-7114

Call for help with transportation to the doctor or clinic. Monday through Friday, 8 a.m. to 5 p.m.

Office for Civil Rights 303-844-2024

Monday through Friday, 8 a.m. to 4:30 p.m.

TDD 303-844-3439

State Coordinator for
the Office for Civil Rights 406-444-3426

You can call to make a discrimination complaint, Monday through Friday, 8 a.m. to 5 p.m.

Citizen's Advocate Office 1-800-332-2272

Call if you think someone is abusing Medicaid. Monday through Friday, 8 a.m. to 5 p.m.

Medicaid Fraud 1-800-376-1115

Call to complain about possible fraud. Monday through Friday, 8 a.m. to 5 p.m.

Americans with Disabilities Act (ADA) Coordinator 406-444-4211

Call if you believe you have been discriminated against because of a disability. Monday through Friday, 8 a.m. to 5 p.m.

REMEMBER: *You can call the* MONTANA HEALTH CHOICES *toll-free HelpLine with any questions about Medicaid,* 1-800-362-8312.

MONTANA HEALTH CHOICES

MONTANA HEALTH CHOICES *is operated by* MAXIMUS *under the direction of the Montana Department of Public Health and Human Services.*

10,000 copies of this public document were published at an estimated cost of $ .99 per copy, for a total of $9,900, which includes $9,900 for printing and $.00 for distribution.